

COVID-19 SCREENING TOOL

BEFORE ENTERING, FOLLOW THIS SIMPLE FLOW CHART

- Have you been in close contact with someone suspected/confirmed with COVID-19?
 - Have you tested positive for COVID-19 in the past 10 days?
 - Are you waiting for results of a COVID-19 test?
- or**
- Do you have any of these symptoms not caused by another condition?

yes

- Fever
- Chills
- Cough
- Loss of taste or smell
- Shortness of breath
- Fatigue
- Head, muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea

no

STAY SAFE!

- ✓ Get Tested
- ✓ Stay Home
- ✓ Get Healthy

YOUR COMMUNITY
THANKS YOU!

[your logo
here]

WELCOME!